

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90017 018 ****70.00

DOCUMENT # N94000001740		
1. Entity Name OCEAN REEF CHAPEL FOUNDATION, INC.		

Principal Place of Business 32 OCEAN REEF DRIVE KEY LARGO, FL 33037 US	Mailing Address 32 OCEAN REEF DRIVE KEY LARGO, FL 33037 US
--	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40017030



02202006 Chg-NP CR2E037 (11/05)

4. FEI Number 65-0486471	Applied For ☐ Not Applicable
-----------------------------	--

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NOSTRO, LOUIS 201 S. BISCAYNE BLVD. SUITE 1600 MIAMI, FL 33131		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	TD	☒ Delete		TITLE	☐ Change ☐ Addition		
NAME	BATES, HENRY			NAME			
STREET ADDRESS	108 ANDROS RD			STREET ADDRESS			
CITY-ST-ZIP	KEY LARGO, FL 33037			CITY-ST-ZIP			
TITLE	VPD	☐ Delete		TITLE	President	☒ Change ☐ Addition	
NAME	DISABATINO, EUGENE			NAME			
STREET ADDRESS	24 THATCH PALM WAY			STREET ADDRESS			
CITY-ST-ZIP	KEY LARGO, FL 33037			CITY-ST-ZIP			
TITLE	PD	☒ Delete		TITLE		☐ Change ☐ Addition	
NAME	RICE, LACY			NAME			
STREET ADDRESS	32 CARD SOUND RD			STREET ADDRESS			
CITY-ST-ZIP	KEY LARGO, FL 33037			CITY-ST-ZIP			
TITLE	SD	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	DELGADO, GAIL			NAME			
STREET ADDRESS	30 OCEAN TURF DR			STREET ADDRESS			
CITY-ST-ZIP	KEY LARGO, FL 33037			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☒ Addition	
NAME				NAME	JACK MCCOLLUM		
STREET ADDRESS				STREET ADDRESS	12 Osprey Lane		
CITY-ST-ZIP				CITY-ST-ZIP	Key Largo FL 33037		
TITLE		☐ Delete		TITLE	VP	☐ Change ☒ Addition	
NAME				NAME	Darryl Copeland		
STREET ADDRESS				STREET ADDRESS	9 Torchwood LN		
CITY-ST-ZIP				CITY-ST-ZIP	Key Largo FL 33037		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/06 305367-4224
Date Daytime Phone #